	EXPRESS MA	IL LABEL NO. <u>ET929172602</u>	<u>us</u>					
	Please type a plu	s sign (+) inside this box 🛨	Approved Patent and Trademark	PTO/SB/01 (6-95 for use through 9/30/98. OMB 0651-003: Office: U.S. DEPARTMENT OF COMMERC				
	0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	960296.98032				
			First Named Inventor	Jonathan C. Makielski				
	DEC	LARATION FOR	COMPLETE IF KNOWN					
	UTILITY OR DESIGN		Application Number					
	PATE	NT APPLICATION	Filing Date					
	— Declaratio	on OR — Declaration	Group Art Unit					
	X Submitted with Initial	1 1	Examiner Name					
I	As a below nam	ned inventor, I hereby declare that:						
		and affine address and siting all in an						

As a helow pamed inventor. I hereby	declare that:										
As a below named inventor, I hereby declare that:											
I believe that I am the original, first an	My residence, post office address and citizenship are as stated below next to my name. believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	SODIUM CHANNEL ALPHA SUBUNITS										
ne specification of which (Title of the Invention)											
X is attached hereto OR											
was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Application Number and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations \$1.56.											
I hereby claim foreign priority benefits under Title 35, United States Code \$119(a)-(d) or \$365(b) of any foreign application(s) for patent or inventor's certificate or \$365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
Additional foreign applications numb	ers are listed on a suppleme	ental priority sheet atta	ched hereto:								
I hereby claim the benefit under Title	oplication(s) listed below.										
Application Number(s)	Filing Date (MM/I	DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.								

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD\325004

DECLARATION

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	DECLARATION														
I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
				T Parent lumber			Parent Filing Date (MM/DD/YYYY)			Parent Patent Numb (if applicable)			oer		
Additio	Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto														
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:															
Firm N	lame								Cu Ni	ıstom ımber	er or la	abel			
	OR X List attorney(s) and/or agent(s) name and registration number below														
	Name		R	Regist Num	ration ber				Nam	е				stration ımber	
Nicholas J. Bennett J.				7,38 7,09			David M. Kettner Zhibin Ren						45,598 47,897		
Add	litional attorney	(s) and/or a	agents na	med	on a s	supple	ment	al priority s	heet	attac	hed her	eto			
Please direct a	all corresponden	ce to	Custo Numb	mer	or lab	el				OR			orrespond s below	ence	
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information willful false 18 of the Ur	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.														
Name of Sol	e or First Inven	tor:						A petition	has b	oeen f	iled for	this u	nsigned i	nventor	
Given	Jonathan		Mid	dle	c.	Fam	Family Makielski				Suffix				
Inventor's Signature												Date			
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Post Office	2738 Richardson Street														
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City Fit	chburg		State W	/I Zi _l	p 53	3711		Country	US				Applic Autho	ant rity	
X X Ad	ditional invento	rs are being	g named	on su	ıpplen	nental	shee	t(s) attache	d he	reto					

Please type a plus sign (+) inside this box 4

		DECLARA	TIO	N		ADDITIONAL INVENTOR(S) Supplemental Sheet							
Name of Additional Joint Inventor, if any:								A petit	tion has been filed f	or this u	ınsigned in	ventor	
Given	Bin	1		Middle		Famil	ly	Ye			Suffix		
Inventor's	s						_	-		Date			
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City	Fors	syth	State	e IL Z	Zip 6	32535		Country	US		Applic Autho	ant	
	f Addi	litional Joint Inventor, if		7				A petit	ion has been filed f	ed for this unsigned inventor			
Given				Middle Initial		Family Name	y	1			Suffix		
Inventor's	3									Date			
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Name of	Addit	tional Joint Inventor, if	any:					A petit inventor	ition has been file or	d for th			
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Name of	Additi	tional Joint Inventor, if a	any:				1		ition has been file r	d for th			
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	Ad	lditional inventors a	are b	eing n	amec	on su	laa	emental s	sheet(s) attacl	hed he			